DECISION-MAKER:		HEALTH AND WELLBEING BOARD		
SUBJECT:		INTEGRATED COMMISSIONING UPDATE		
DATE OF DECISION:		30 SEPTEMBER 2015		
REPORT OF:		STEPHANIE RAMSEY, DIRECTOR OF QUALITY AND INTEGRATION		
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STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

The Council and Southampton City Clinical Commissioning group have committed to Integrated Commissioning and this is being achieved through the Integrated Commissioning unit (ICU). This was further strengthened through the establishment of a pooled budget for Better Care in April 2015.

The priorities for 2015/16 for the ICU are based on Health and Wellbeing Strategy and national targets required of Council and Southampton City Clinical Commissioning group. Key commissioning themes of work for the ICU are:

- Early intervention and prevention – adults and young people, children and families
- Improving outcomes for those with learning disabilities
- Improving outcomes for those with mental health
- Integrated care (Better Care)

Progress on a number of key priorities are outlined within this report.

RECOMMENDATIONS :

(i) To note progress with the priorities for integrated commissioning and identify how the Board want to be engaged in future integration.

REASONS FOR REPORT RECOMMENDATIONS

1. Priorities identified are based on Health and Wellbeing Strategy and national targets required of Council and Southampton City Clinical Commissioning group.
2. From 1 April 2015 Local Authorities and CCGs were required to establish a pooled fund under Section 75 of the NHS Act 2006 for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authority. Southampton City has taken a more

holistic approach to health and social care and is pooling funds and commissioning in that way. The ambition is to encompass all services that fit within the scope of the Better Care model, eventually bringing together approximately £132m into the pooled fund. Approval to proceed with the pooled fund was given by Health and Wellbeing Board, Full Council and Clinical Commissioning group Governing body

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. A range of transformation initiatives and savings were considered. Priorities have been identified based on strategic need, impact and cost effectiveness

DETAIL (Including consultation carried out)

Background

4. The Integrated Commissioning unit (ICU) was established in December 2013 to:
    - Pool capabilities and purchasing power across the Council and CCG, so that both organisations can exercise much greater control over what we need, buy, at what price and at the right level of quality.
    - Realigning spend to outcomes required – take a whole SCC/CCG perspective, regardless of the current budget arrangement
    - Commission so everything “works together” – achieve better outcomes for identified groups of people through joint working during the whole commissioning cycle and therefore providing a more joined-up service for these groups
    - Provide a mechanism for influencing the market at scale across health and social care
    - Deliver against national targets and new legislation requirements
5. Key drivers for this were to address need and improve outcomes, including reducing health inequalities and improving life expectancy. The aim is to be able to develop services to intervene earlier, be more proactive and to shift balance of care from acute to community settings. To support the development of integrated provision and to promote independence by improving the numbers of people living independently and using self-management approaches. All of this being achieved with a focus on managing within reducing resources and ensuring delivery of high quality care and support to a diverse population
6. **Mental Health Review**
   Engagement on Mental Health Matters has commenced using a wide range of approaches including discussions with users and carers, survey monkey, attendance at existing forums and meetings. Engagement documents are also available via SCC and CCG websites. Key themes are already emerging, in line with national and local priorities, we are looking to ensure services are recovery orientated and that people have maximum choice and control of their own care and treatment. There has, and will continue to be, an emphasis on people accessing services in community settings and on employment being the norm for people with mental health conditions who are of working age.
7. The review will involve all services and is not age specific. We will be looking at how to align mental health services with other priority areas including Better Care, researching best practice and learning from others, consulting with a wide range of agencies and service users and carers and undertaking financial modelling to

design a model within the resource we can afford.

8. **Transfer Public Health Nursing (Health Visiting)**

   Work is on track for the transfer of the Public Health 0-4 nursing contract to the City Council on 1 October 2015.An exemption has been granted to extend the contract to 31 March 2017. The first phase of development commences this summer with the establishment of enhanced early childhood leadership teams comprising maternity, health visiting and children's centres. The teams will work together on creating local priorities and business plans against citywide templates. Support for families will be enhanced by combining and aligning assessment processes including:

   - Revision of the universal Family Health Assessment used by health visiting in the antenatal and early postnatal period so that it can be accessed and used by children's centre staff and
   - Implementing an integrated approach to the early years assessment carried out by Health visitors and Early Years providers at 2-3 years.

9. Second and subsequent phases of development are intended to include integrated locality management structures and co-location of services 0-19 years across health visiting, children's centres, school nursing and Early Help teams. These phases will take account of the recommendations from an Early Help review which is currently underway. Work is also underway to develop integrated care pathways using the national evidence base.

10. This is a key element of developing an integrated service offer for children and young people. The aim is to develop:

    - Child & Family centred local integrated services
    - Integrated specialist support - new model of service for integrating health and social care (0-18) in the 0-25 SEND service offer agreed. Implementation underway and due to be fully completed by November 2015

    Build community capacity to support prevention and early intervention

11. **Integrated rehabilitation and reablement consultation**

    On August 18th Cabinet agreed for consultation to commence on integration of resources that facilitate rapid crisis response, timely hospital discharge and preventative and recovery focused rehabilitation and reablement. This will be achieved through working alongside families/carers and community clusters to:

    - undertake community rehabilitation and falls prevention activity.
    - assess and coordinate safe discharge of people from hospital back into their communities
    - collectively intervene early and rapidly responding to crisis situations in a coordinated and flexible manner thus helping to avoid unnecessary acute hospital, residential and nursing home care or complex home packages.

12. A series of Stakeholder Workshops were to develop a Business Case on a potential preferred Option for a new service model. The consultation will be undertaken in two phases which will be completed by early December 2015. Phase One will be on a proposed service model which will bring together those functions associated with crisis response, rehabilitation, reablement and, at a later date hospital discharge, delivered by the City Council and Solent NHS Trust to provide a seamless response for the service user. This will be achieved through a single integrated team approach, with a single integrated management structure that better supports people in their communities and maximises their potential for independence. This Phase One is a re-structure of staffing resources and does not impact on the type, service delivery location or total range of services available to clients.

13. Phase Two is a reconfiguration of rehabilitation and reablement beds, to achieve a more appropriate and cost effective balance of bed based and domiciliary care that meets needs of clients and would deliver better outcomes, and represents a better value use of resources. This is a key strand of Better Care.

14. **Domiciliary Care retender**
As part of a joint commissioning exercise a new domiciliary care framework has been put in place following a tender process that concluded in February 2015. This framework will last for four years, and provides a platform for the delivery of domiciliary care and reablement services for adult and children services in Southampton City Council (SCC) and Continuing Health Care for Southampton City CCG (SCCCG). It will eventually provide the care arrangements for approximately 1,810 people in any given week.

15. The programme of implementing the new framework, and reducing the number of providers from 75 to the 31 on the framework has been on-going since April. During the transfers most agencies have worked positively with one another, smoothing the process and ensuring individuals are both kept informed of progress and have not seen a dramatic change in their care or carers.

16. The savings target set for SCC domiciliary care services of £420K in 2015/16 has been met, and once the mini-competitions for supported living are concluded, these savings could be higher. The saving to the CCG is lower due to a number of factors, including smaller differential in rates and the complexity of arrangements

17. All agencies on the framework have reported good responses to recruitment since the results were announced and this has increased capacity in the sector. This recruitment has led to improvements in waiting times for the start of care delivery which have been reducing steadily since April. Agencies are already considering the long term implications of being on the framework for four years and are committed to increasing the number of staff on fixed hours contracts – and therefore to reduce the numbers on zero-hours contracts.

18. Greater control of referrals to agencies and capacity issues has been provided by the development of the Care Placements Service. This service manages all domiciliary care referrals to agencies on the framework. Relationship development is positive, and agencies have a single point of contact regarding domiciliary care capacity and requirements. The Care Placements Service are able to provide information on each provider, their capacity, access routes and times and are an invaluable new resource in enabling Southampton to manage the market.

19. The framework sets clear expectations regarding the quality, continuity and consistency of care delivery in the city. A new process for contract monitoring is in place, which from October will enable individual agency performance to be mapped, and for this to be aggregated across all providers. Quality Audits are being rolled out across providers, with timings for reviews focused on risk management criteria and flexible enough to be used if concerns are raised and need investigating at any time.

20.. **Market Position Statement**
Southampton's first market position statement focussing on housing solutions for people with care and support needs has been finalised. Significant transformation is expected of the health and social care market in the next few years.

21. Recommendations within the statement are that SCC and SCCCG want to :
- work with residential and nursing providers to create more flexible service provision such as respite and other short-term placement types.
- support LD residential providers explore the benefits of deregistration and conversion into alternative accommodation models.
- work with local nursing providers to explore developing specialist provision for clients presenting within challenging behaviour needs.
- increase the local supply and mix of appropriate housing solutions for care leavers and homeless 16 & 17 year olds.

22. The report sets out key work strands to deliver the recommendations proposed. Work has started in advance of publishing the MPS and includes market engagement to explore alternative options to day service closure, sourcing of domiciliary care supply in preparation of winter pressure period, working with strategic council partners to develop tailored programmes to increasing workforce profile and supply, working with provider developing proposals in response to current challenges.

23. **Governance**
The detailed work of the ICU is overseen by the Commissioning Partnership Board which has Chief Officer, Director, Cabinet member, clinical and lay member representation. Formal decisions remain with SCC and CCG governance routes

RESOURCE IMPLICATIONS

Capital/Revenue

24. Current targeted savings to be achieved by the ICU for 2015/16 are £6,992m, approximately 50/50 split across SCC and CCG

25. The minimum requirement for the Better Care Fund in 2015/16 is £15.325M Revenue and £1.526M Capital. The majority is existing funding sources included within either the Council or CCG 2014/15 budget. Pooled budget for 2015/16 is £61m. It should be noted that it is the commissioning budgets for services that are being pooled and that the services themselves and the associated staff will remain managed and employed as they are currently are.

Property/Other

24. The proposal should not have any property implications as it relates to commissioning functions. Any changes made to any service funded through the pooled fund which may have property implications will be subject to a separate

report.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

25. Section 75 of the National Health Service Act 2006

Other Legal Implications:

26. The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to encourage and support integrated working.

POLICY FRAMEWORK IMPLICATIONS

27. The priorities identified are wholly consistent with the Council's Health and Wellbeing Strategy and other policy framework strategies and plans.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	None

Documents In Members' Rooms

1.	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	